

1 Applicant Information

First and Last Name _____

Email Address _____

Date of Birth _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Number _____

2 Spouse/Partner/Fiancé Information

First and Last Name _____

Date of Death _____

Website Link to the Obituary Notice* _____

*The website Link to the Obituary Notice must mention your name as the spouse/partner/fiancé. (If you cannot provide this, then you must provide alternative documentation to us via mail or email. This is required. We use this information to validate your membership request.)

YWOW currently only serves widows and widowers that live and/or work in Virginia communities. Describe why you want to join this chapter, and if someone referred you, please include their name, phone number, and email address, if possible. This information will enable us to validate and approve your membership request more quickly.

YWOW Young Widows Or Widowers Membership Application

Feel free to share with us any additional information that you would like to about your loved one:

How do you feel YWOW might best be able to support you at this point?

We look forward to receiving your application and being able to welcome you as a YWOW member soon!

Email completed form to info@ywow.org

Or Mail completed form to:

YWOW Memberships

P.O. Box 2564

Midlothian, VA 23113